

General

Title

Diabetes mellitus care: percentage of patients 18 to 75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period.

Source(s)

MN Community Measurement. Data collection guide: 2016 optimal diabetes care (01/01/2015 to 12/31/2015 dates of service). Minneapolis (MN): MN Community Measurement; 2015. 44 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Outcome

Secondary Measure Domain

Clinical Quality Measure: Process

Brief Abstract

Description

This measure is used to assess the percentage of patients 18 to 75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:

- Hemoglobin A1c (HbA1c) less than 8.0 mg/dL

- Blood pressure less than 140/90 mmHg

- On a statin medication, unless allowed contraindications or exceptions are present

- Non-tobacco user

- Patient with ischemic vascular disease is on daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

Rationale

According to the Minnesota Department of Health, diabetes is a high impact clinical condition in

Minnesota. More than one in three adults and one in six youth in Minnesota have diabetes or are at high risk of developing it. Each year more than 20,000 Minnesotans are newly diagnosed with diabetes. Diabetes is the sixth leading cause of death in Minnesota and is a significant risk factor in developing cardiovascular disease and stroke, non-traumatic lower extremity amputations, blindness, and end-stage renal disease. Diabetes costs Minnesota almost \$2.7 billion annually, including medical care, lost productivity and premature mortality. According to the American Diabetes Association, an estimated 25.8 million American children and adults have diabetes. Most people with diabetes have other risk factors, such as high blood pressure and cholesterol that increase the risk for heart disease and stroke. In fact, more than 65% of people with diabetes die from these complications.

Evidence for Rationale

Larson J. (Manager, Health Care Measure Development, MN Community Measurement, Minneapolis, MN). Personal communication. 2015 Dec 8. 1 p.

Primary Health Components

Type 1 diabetes mellitus; type 2 diabetes mellitus; modifiable risk factors; hemoglobin A1c (HbA1c); blood pressure; statin medication; tobacco use; aspirin

Denominator Description

The eligible population:

18 to 75 years of age as of January 1 of the measurement period

Patients identified as having a diagnosis of diabetes with at least two face-to-face visits with an eligible provider in an eligible specialty with a diagnosis of diabetes during the current or prior measurement period

At least one face-to-face visit with an eligible provider in an eligible specialty for any reason during the measurement period

See the related "Denominator Inclusion/Exclusions" field.

Numerator Description

The number of patients whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:

The most recent hemoglobin A1c (HbA1c) in the measurement period has a value less than 8.0 mg/dL

The most recent blood pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg

On a statin medication, unless allowed contraindications or exceptions are present

Patient is not a tobacco user

Patient with ischemic vascular disease is on daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

See the related "Numerator Inclusions/Exclusions" field.

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

MN Community Measurement (MNCM) conducts validity testing to determine if quality measures truly measure what they are designed to measure, and conducts reliability testing to determine if measures yield stable, consistent results. Validity testing is done to see if the concept behind the measure reflects the quality of care that is provided to a patient and if the measure, as specified, accurately assesses the intended quality concept. Reliability testing is done to see if calculated performance scores are reproducible.

Evidence for Extent of Measure Testing

MN Community Measurement. Measure testing. [internet]. Minneapolis (MN): MN Community Measurement; [accessed 2015 Nov 12].

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age 18 to 75 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Measurement period: January 1 through December 31.

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

The eligible population:

18 to 75 years of age as of January 1 of the measurement period

Patients identified as having a diagnosis of diabetes with at least two face-to-face visits with an eligible provider in an eligible specialty with a diagnosis of diabetes (Diabetes Value Set*) during the current or prior measurement period

At least one face-to-face visit with an eligible provider in an eligible specialty for any reason during the measurement period

Exclusions

The following exclusions are allowed to be applied to the eligible population:

Patient was a permanent nursing home resident at any time the measurement period

Patient was in hospice or receiving palliative care at any time during the measurement period

Patient died prior to the end of the measurement period

Patient was pregnant during measurement period (Diabetes with Pregnancy Value Set*) at any time during the measurement period

Documentation that diagnosis was coded in error

**Value Set*: A set of administrative codes used to define a concept related to the measure construct (e.g., denominator, exclusions) using standard coding systems (e.g., International Classification of Diseases, Tenth Revision [ICD-10], Current Procedural Terminology [CPT], Logical Observation Identifiers Names and Codes [LOINC]). Value Set Dictionaries are available from the [MN Community Measurement Web site](#) .

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of patients in the denominator whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:

The most recent hemoglobin A1c (HbA1c) in the measurement period has a value less than 8.0 mg/dL

The most recent blood pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg

On a statin medication, unless allowed contraindications or exceptions are present
Patient is not a tobacco user
Patient with ischemic vascular disease (Ischemic Vascular Disease Value Set) is on daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

Exclusions
Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data
Electronic health/medical record
Paper medical record

Type of Health State

Physiologic Health State (Intermediate Outcome)

Instruments Used and/or Associated with the Measure

- 2016 Optimal Diabetes Care Measure Patient Flow Chart
- Statin Use Component Flow Chart

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

2016 optimal diabetes care.

Measure Collection Name

Optimal Diabetes Care

Submitter

MN Community Measurement - Health Care Quality Collaboration

Developer

MN Community Measurement - Health Care Quality Collaboration

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Unspecified

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2015 Jun 30

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Jan

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: Data collection guide: optimal diabetes care 2014 (01/01/2013 to 12/31/2013 dates of service). Minneapolis (MN): MN Community Measurement; 2013 Dec 19. 52 p.

Measure Availability

Source available from the [MN Community Measurement Web site](#) .

For more information, contact MN Community Measurement at 3433 Broadway St. NE, Broadway Place East, Suite #455, Minneapolis, MN 55413; Phone: 612-455-2911; Web site: <http://mncm.org> ; E-mail: info@mncm.org.

Companion Documents

The following is available:

Snowden AM, Xiong M, Ghere E, Johnson J. 2015 health care quality report. Minneapolis (MN): MN Community Measurement; 2016. 419 p. This document is available from the [MN Community Measurement Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on March 13, 2014. The information was verified by the measure developer on June 19, 2014.

This NQMC summary was updated by ECRI Institute on March 21, 2016. The information was not verified by the measure developer.

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Production

Source(s)

MN Community Measurement. Data collection guide: 2016 optimal diabetes care (01/01/2015 to 12/31/2015 dates of service). Minneapolis (MN): MN Community Measurement; 2015. 44 p.

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